

AVAILABILITY OF SPECIALIST SUPPORT AND EQUAL ACCESS TO SURGERY FOR PEOPLE WITH DIABETES

Position statement (August 2020)

Why have we produced this position statement?

We have been made aware of hospitals in England and Northern Ireland reorganising services to create coronavirus-free sites where surgical procedures are likely to be performed during the COVID-19 recovery phase and winter months. These cold sites are either smaller sites of larger multi-site trusts, separate smaller hospitals, or private hospitals. This reorganisation of services would enable the NHS to make use of a 'window of opportunity' during which routine care can be provided at pre-pandemic levels in locations that aim to reduce the risk of COVID-19 transmission.

Due to the reorganisation of medical and surgical services, we are concerned that:

- People with diabetes may not have access to appropriate specialist diabetes teams during stays at these 'cold sites'. This could be unsafe and lead to harms.
- A lack of specialist support could also lead to further delays and reduced access for people with diabetes requiring surgery.
- People with diabetes may not be able to choose how and where they have surgery.

How did we develop this position?

We have spoken with healthcare professionals across the UK, professional groups such as ABCD and the Centre for Perioperative Care, and our council of People Living with Diabetes to gather insight about issues, concerns and best practice.

Centre for Perioperative Care (CPOC)

The Centre for Perioperative Care (CPOC) fully supports preoperative optimisation of people with diabetes and the continuing need for access to specialist diabetes services throughout the perioperative period, at all centres conducting surgery, during the COVID-19 pandemic.

ABCD

ABCD is fully supportive of this position statement. Patients with diabetes need to have equal access to elective surgery opportunities. It is of paramount importance that robust diabetes pathways are in place, with timely access to specialist teams and good communication between the patient, all specialist teams and Primary Care.

What needs to happen now?

We call for local health systems to ensure:

- People with diabetes are made aware of any differences to the care they may receive in the coming months and are **given a choice** in where and when they have surgery.
- **Surgical care pathways for people with diabetes are in place at all sites where surgery is carried out.** These pathways must be appropriately resourced and created in collaboration with local diabetes inpatient teams. Pathways must:
 - Link with primary care for pre-operative consultation and discharge follow-up.
 - Enable people with diabetes and surgical clinicians to access immediate support and clinical review from the diabetes specialist team.
 - Stipulate diabetes specialist review of any surgical cancellations or delays.

What do we already know about this issue?

People with diabetes are over-represented as a proportion of those referred for surgery and have specific inpatient needs; particularly in relation to surgical admissions¹. A lack of

¹ Dhataria, K. et al., (2016). *Assessing the quality of primary care referrals to surgery of patients with diabetes in the East of England: A multi-centre cross-sectional cohort study.*

appropriate support from diabetes specialists can lead to harm in hospital, negatively impact on the patient's experience, and increase length of stay. Recent studies have shown that surgical care pathways result in decreased length of stay, reduced post-operative complications, and a reduction in inpatient hypoglycaemia and hyperglycaemia².

The [Making Hospitals Safe Report](#) recommends that all hospitals should have a perioperative diabetes team with representation from surgery, pre-admission, anaesthetic department, recovery nursing and analytic team. Further guidance on appropriate surgical care pathways can be found in the JBDS guidelines '[Management of adults with diabetes undergoing surgery and elective procedures](#)'.

² Page, E. et al., (2020). *Improving the peri-operative pathway of people with diabetes undergoing elective surgery: the IP3D project*.